EXTENDED COVERAGE CT VS BONE SCAN FOR STAGING OF BONY METASTASES IN LOCALLY ADVANCED OR AGGRESSIVE BREAST CANCER – COST EFFICIENCY AND SAVINGS IN CURRENT NHS PRACTICE

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Background:
• NICE guidelines recommend using bone scan, CT or MRI for staging in advanced breast cancer.
• Our institution performs a CT of the thorax, abdomen and pelvis as well as a Technitium-99m bone scan as a part of routine screening of patients with locally advanced breast cancer

Aim:
• To determine if bone scan offers any additional information over CT
• To evaluate the potential cost effectiveness of performing extended coverage CT alone, without additional bone scan.

Method:
• Retrospective review
• Cases included at a single university hospital over a period of 30 months: 1/1/2013 to 30/6/2015

References:

Conclusion:
• Our experience shows that CT is highly accurate in staging asymptomatic women with suspected bony metastasis.
• Staging CT picked up 95% of bony metastatic lesions. Bone scan failed to identify 5 (23%) bone metastases and overcalled a single diagnosis of metastasis.
• At our trust a Tc-99m bone scan costs £246 and is significantly more expensive than CT costing £147.
• There is huge potential cost saving by removing bone scan from routine work up of this patient group. Instead, extended coverage CT (base of skull to mid femur) at a cost of £164 may be performed. This will reduce overall radiation dose to the patient and is economically beneficial.

References: